

<i>SERFF Tracking Number:</i>	<i>WESA-125795141</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#30545 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-CD-08-40</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1006 Directors & Officers Liability</i>
<i>Product Name:</i>	<i>Corporate Directors and Officers Liability and Employment Practices Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Application Form/PROF-CD-08-40</i>		

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Corporate Directors and SERFF Tr Num: WESA-125795141 State: Arkansas

Officers Liability and Employment Practices

Liability Product

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed

State Tr Num: #30545 \$50

Sub-TOI: 17.1006 Directors & Officers Liability Co Tr Num: PROF-CD-08-40

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Westmont Associates

Disposition Date: 09/09/2008

Date Submitted: 08/29/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Submission of New Application Form

Status of Filing in Domicile: Pending

Project Number: PROF-CD-08-40

Domicile Status Comments: Pending in PA

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 09/09/2008

State Status Changed: 09/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of new application form CD APP 05/07.

Company and Contact

Filing Contact Information

SERFF Tracking Number: WESA-125795141 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30545 \$50
Company Tracking Number: PROF-CD-08-40
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
Product Name: Corporate Directors and Officers Liability and Employment Practices Liability Product
Project Name/Number: Submission of New Application Form/PROF-CD-08-40

(This filing was made by a third party - westmontassociatesinc)

Meghan Slenkamp, Analyst megghans@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
25 Chestnut Street Group Code: 31 Company Type: Property and
Casualty

Suite 105
Haddonfield, NJ 08033 Group Name: State ID Number:
(856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

SERFF Tracking Number: WESA-125795141 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30545 \$50
Company Tracking Number: PROF-CD-08-40
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
Product Name: Corporate Directors and Officers Liability and Employment Practices Liability Product
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 filing fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	08/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
30545	\$50.00	08/28/2008

SERFF Tracking Number: *WESA-125795141* *State:* *Arkansas*
Filing Company: *United States Liability Insurance Company* *State Tracking Number:* *#30545 \$50*
Company Tracking Number: *PROF-CD-08-40*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1006 Directors & Officers Liability*
Product Name: *Corporate Directors and Officers Liability and Employment Practices Liability Product*
Project Name/Number: *Submission of New Application Form/PROF-CD-08-40*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/09/2008	09/09/2008

SERFF Tracking Number: *WESA-125795141* *State:* *Arkansas*
Filing Company: *United States Liability Insurance Company* *State Tracking Number:* *#30545 \$50*
Company Tracking Number: *PROF-CD-08-40*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1006 Directors & Officers Liability*
Product Name: *Corporate Directors and Officers Liability and Employment Practices Liability Product*
Project Name/Number: *Submission of New Application Form/PROF-CD-08-40*

Disposition

Disposition Date: 09/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Approval is contingent upon compliance with AID Order #98-5 (Directors and Officers) for risks of \$500,000 or greater and the execution of a signed acknowledgment by the insured, in order to comply with the requirements for exemption from defense outside the limit requirement of AR Code Anno. 23-79-307 (5) (A).

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125795141 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #30545 \$50

Company Tracking Number: PROF-CD-08-40

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Corporate Directors and Officers Liability and Employment Practices Liability Product

Project Name/Number: Submission of New Application Form/PROF-CD-08-40

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Corporate Directors and Officers Liability and Employment Practices Liability Application	Approved	Yes

SERFF Tracking Number: WESA-125795141 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #30545 \$50

Company Tracking Number: PROF-CD-08-40

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Corporate Directors and Officers Liability and Employment Practices Liability Product

Project Name/Number: Submission of New Application Form/PROF-CD-08-40

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Corporate Directors and Officers Liability and Employment Practices Liability Application	CD APP	05 07	Application/ New Binder/Enrollment		0.00	cd-app_(05-07).pdf



"The Answer"

CORPORATE DIRECTORS & OFFICERS LIABILITY AND EMPLOYMENT PRACTICES LIABILITY APPLICATION

All questions must be answered and application must be signed by the Chairperson of the Board or President of the Applicant.

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

Defense Costs shall be applied against the retention.

The Limits of Liability under the Directors and Officers Liability Coverage Part shall be reduced by, and may be completely exhausted by, Defense Costs.

1. Name of Applicant _____
Primary Address _____
Street City County State Zip
Web Site Address: _____ E-mail Address: _____
2. Description of operations _____ Date Incorporated _____
3. Does the Applicant want any subsidiary(ies) covered? ☐ Yes ☐ No
Please provide for each: Name, Date Established; Location; Operations; Ownership; Assets; Employees.
4. Name and Title of Officer designated to receive all notices on behalf of all Insureds _____
5. Current and Prior Insurance. Please provide insurer, expiration, premium, limits and retention, if known.

D&O:
EPL:
E&O:
Fiduciary:
6. Financial Information. (A premium indication may be provided with this information).

Assets	Annual Revenues
Equity (Deficit)	Annual Income (Loss)
Debt	Retained Earnings (Loss)
7. Ownership. If any response is "Yes", please explain fully in an attachment to this application.
 - a) Number of shares outstanding. Voting _____ Non Voting _____
 - b) Number shareholders or members. Voting _____ Non Voting _____
 - c) Number of shares/interests owned by the directors and officers (direct and beneficial). _____
 - d) Is the applicant a Subsidiary of another Organization? ☐ Yes ☐ No
Name of Parent. _____
 - e) Does any shareholder own 10% or more of the voting shares directly or beneficially ☐ Yes ☐ No
Please attach list of names and percentage ownership interest.
 - f) Are there any other securities that are convertible to voting stock? ☐ Yes ☐ No
 - g) Have any shares of the Applicant been publicly traded within the last 3 years? ☐ Yes ☐ No
8. If "Yes", please explain fully in an attachment to this application.
 - a) Have there been any changes in the Board of Directors or Senior Management in the past 3 years for reasons other than expiration of term, death or retirement? ☐ Yes ☐ No
 - b) Has the Applicant changed outside auditors in the last 3 years? ☐ Yes ☐ No
 - c) Have any auditors found any material weaknesses in Applicant's system of internal controls? ☐ Yes ☐ No
 - d) Has the Applicant violated or breached any debt covenant, loan agreement or other material obligation in the past 3 years? ☐ Yes ☐ No

9. Has the Applicant in the past 36 months completed or agreed to, or does it contemplate within the next 12 months, any of the following, whether or not such transactions are or will be completed?

If "Yes", please explain fully.

- | | | |
|---|------------------------------|-----------------------------|
| a) Merger, acquisition or consolidation with another entity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Sale, distribution or divestiture of more than 25% of assets or stock of the Organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Any registration for a public offering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Any private placement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Reorganization or formal arrangement with creditors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Total number of employees.

	Current 12 months	Prior 12 months	Anticipated next 12 months (If operating less than 5 years)
Full Time			
Part Time			
Temporary/Seasonal			
Independent Contractors			
Leased			

11. Is more than 20% of the Applicant's work force located in a state other than that shown in Item 1? ☐ Yes ☐ No

If yes, please provide the number of workers at each location.

12. Percentage of employees with total compensation including salaries, bonuses and commissions?

\$76,000 to \$100,000 _____ Over \$100,000 _____

13. Has the Applicant closed any facilities, downsized, laid off or reduced staff in the past 12 months? ☐ Yes ☐ No

Does the Applicant anticipate doing so in the next 12 months? ☐ Yes ☐ No

If yes, please attach details.

14. Number of employees involuntarily terminated or laid off in the past 12 months? _____ past 24 months? _____

15. Within the last 5 years has any employment related, third party harassment or third party discrimination claim, suit, inquiry, complaint or notice of hearing been made against the Applicant or any individual proposed for Insurance? ☐ Yes ☐ No

If "Yes", please complete a United States Liability Insurance Group claim supplement.

16. Within the last 5 years, has any claim, suit inquiry, complaint or notice of hearing been made against the Applicant or any person proposed for Insurance in the capacity of Director, Officer, or Employee of the Applicant? ☐ Yes ☐ No

If "Yes", please complete a United States Liability Insurance Group claim supplement.

17. Is any person or entity proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the Applicant or any of its Directors, Officers, or Employees? ☐ Yes ☐ No

If "Yes", please complete a United States Liability Insurance Group claim supplement.

Please complete the following if Employment Practices Liability requested:

18. Does the Applicant have an Email/Internet Policy currently in place? ☐ Yes ☐ No

If no, is the Applicant willing to implement one? (Sample can be provided by the Company)

☐ Yes ☐ No

A premium credit will be applied for having, or agreeing to implement, an Email/Internet Policy.

Please submit a copy of current or newly implemented policy within 21 days after the inception date of this insurance.

Mandatory Written Employment Policies.

Does the Applicant have an Anti-Discrimination and Anti-Harassment Policy currently in place? ☐ Yes ☐ No

If "yes", does it include:

1. A definition of "Sexual Harassment" as well as Harassment in general? ☐ Yes ☐ No

2. At least two positions (e.g. President and HR Manager) to whom an Employee can report allegations of Discrimination or Harassment? ☐ Yes ☐ No

3. Is it distributed to all Employees for them to read and then sign in acknowledgement? ☐ Yes ☐ No

If you answered "yes" to all of the above, you do not need to submit a copy to us.

If you do not have an Anti-Discrimination and Anti-Harassment Policy or answered “no” to any of the above, please (1) implement, (2) distribute to all Employees and (3) forward to us such a policy containing the above provisions within 21 days after the inception date of this insurance (sample can be provided by the Company). Failure to do so will result in rescission of the binder for this insurance.

REQUIRED INFORMATION

- A. Completed Application signed and dated by the President or Chairperson of the Board.
- B. Most recent audited financial statement.
- C. Any Private Placement Memorandum issued within the past 12 months.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Missouri and Arkansas Disclosure Notices: I understand and acknowledge that this policy contains a defense within the limits provision which means that “defense costs” will reduce my limits of insurance and exhaust them completely. Should that occur, I shall be liable for any further legal “defense costs” and damages. This provision applies to the directors and officers liability coverage part and also applies to the employment practices liability coverage part if I have more than 200 employees or if my limits of liability are less than \$500,000.

Signed and accepted by the insured: _____

Signature of President or Chairperson

Virginia Notice: You have an option to purchase a separate limit of liability for the extension period, Policy common conditions I. If you do not elect this option, the limit of liability for the extension period shall be part of the and not in addition to limit specified in the declarations. Statements in the application shall be deemed the insured’s representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause “and/or authorization or agreement to bind the insurance.” is replaced with “Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

If the primary address of the location listed in item #1 is in the state of **New York, Iowa or Florida**, the states of **New York, Iowa and Florida** require that we have the names and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Company to issue a policy. It is understood the Company is relying on this Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Applicant's Signature _____ Title _____ Date _____
(Chairperson of the Board or President)

<i>SERFF Tracking Number:</i>	<i>WESA-125795141</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#30545 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-CD-08-40</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1006 Directors & Officers Liability</i>
<i>Product Name:</i>	<i>Corporate Directors and Officers Liability and Employment Practices Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Application Form/PROF-CD-08-40</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125795141 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #30545 \$50
Company Tracking Number: PROF-CD-08-40
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
Product Name: Corporate Directors and Officers Liability and Employment Practices Liability Product
Project Name/Number: Submission of New Application Form/PROF-CD-08-40

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/09/2008

Comments:

Attachment:

NAIC 01-06 - AR.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 09/09/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/09/2008

Comments:

Attached is the Cover Letter.

Attachment:

Cover Letter.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

AR

1. Reserved for Insurance Dept. Use Only

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2. Insurance Department Use Only

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Berkshire Hathaway, Inc.			Group NAIC #	0031
4. Company Name(s)	Domicile	NAIC #	FEIN #		
United States Liability Insurance Company	PA	25895	23-1383313		

5. Company Tracking Number	PROF-CD-08-40
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Meghan Slenkamp Westmont Associates, Inc. 25 Chestnut Street, Suite 105, Haddonfield, NJ 08033	Analyst	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com
7. Signature of authorized filer		<i>Meghan Slenkamp</i>		
8. Please print name of authorized filer		Meghan Slenkamp		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI),	Please select from the drop down list. 17.1 - Other Liability		
10. Sub-Type of Insurance (Sub-TOI)	17.1006 - Director's and Officers		
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a		
12. Company Program Title (marketing title)	Corporate Directors and Officers Liability and Employment Practices Liability Product		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____		
14. Effective Date(s) Requested	New	Upon Approval	Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (No)		
16. Reference Organization (if applicable)	n/a		
17. Reference Organization # & Title	n/a		
18. Company's Date of Filing	8/28/08		
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	PROF-CD-08-40
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of new application form CD APP 05/07.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 30545

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PROF-CD-08-40			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Corporate Directors and Officers Liability and Employment Practices Liability Application	CD-APP (05/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com



WESTMONT
ASSOCIATES, INC.

August 28, 2008

The Department of Insurance
Property and Casualty Division
Forms Review Section

RE: United States Liability Insurance Company /NAIC #25895
Corporate Directors & Officers and Employment Practices Liability Product
Application Submission
Company Filing #: PROF-CD-08-40
Effective Date: Upon Earliest Possible Approval

To Whom It May Concern:

Enclosed you will find an application submission being filed for the Company's Corporate Directors and Officers and Employment Practices Liability form filing. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing its new Corporate Directors & Officers Liability and Employment Practices Liability Application form CD-APP (05/07) for use with its currently filed and approved Corporate Directors and Officers and Employment Practices Liability product.

Please be advised that the Company will still utilize all other currently filed and approved applications for this product.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Respectfully Submitted,

Meghan Slenkamp

Meghan Slenkamp
Analyst

meghans@westmontlaw.com

Enclosures

Cc: M. Miller